



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

Core Public Health: A Transition Model

- submitted by Debbie Acker,
Linda Burke, and Sylvia
Cherry

*"We've never done this before,
but we're trying..." –Debbie
Acker, Director of Woodford
County Health Department*

In February 1998, the
Department for Public Health
nurses drove to Versailles to
meet with Debbie Acker and the
nursing staff in Woodford
County. This initial visit was to
introduce themselves and
basically to ask, "How can the
public health nurses help the
Woodford County Health
Department?"

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Ms. Acker had already been thinking about the Woodford County Health Department and other health departments making the transition to different services. As director of a health department under Medicaid-managed care since January of this year, Ms. Acker was painfully aware of the new challenges facing public health. She saw that local health departments could no longer conduct business as usual because of the addition of private OB services and the implementation of Medicaid managed care with its new rules. The focus of direct clinical services was shifting to the private sector, thereby providing the opportunity for population-focused, community-based health care. No longer would the individual be the "client"; rather the Health Department would now focus on the total health of the community; in short, the

community would become the "client".

Several forces were directing Ms. Acker to the realization that a **planned** approach would facilitate change from direct clinical services to population-based activities:

- Staff requested that she give them direction.
- Staff felt there needed to be a systematic planned approach that provided accountability for their time and what they actually did in the community.
- Ms. Acker, in turn, also needed to be accountable to the Department for Public Health.
- It just made good sense to develop a "transition plan."

About the same time, Ms. Acker listened as Dr. Rice Leach, Commissioner of the Department for Public Health,

talked to the Kentucky Health Department Association (KHDA) about the probable decline in third-party collections for health departments resulting from more and more patients going to the private sector. Dr. Leach described how local health departments (LHDs) could continue to rely on clinics for funds as patients move to the private sector or LHDs could productively learn how to serve the population-based needs of our communities.

In the KHDA meeting, Dr. Leach challenged each director to consider refocusing their health departments' efforts to Core Public Health Activities as the direct clinical services decrease. What he said coalesced with what Ms. Acker had already been contemplating. The public health nurses' original question from their earlier site visit in February perhaps now had an answer.

Later, in their staff meeting, the employees of the Woodford County Health Department agreed to focus on the development of population-based activities. Realizing that this would require collaborative efforts and additional expertise, Ms. Acker called Pat Rickard, Director of the Division of Local Health Department Operations and requested assistance. Together, the Woodford County Health Department staff and Mr. Rickard's staff began to discuss how to proceed. Ms. Acker volunteered for the Woodford County Health Department to cooperate in a pilot project to develop a "Transition Model" to population-focused, community-based core public health.

Ms. Acker points that her health department and other departments across Kentucky could work in their communities and effect a positive change without benefit of a planned approach. However, as financial resources dry up, such a random approach would not sustain over time. Ms. Acker believes that the departments have to look at efficiency and effectiveness; not only in how to spend the money, but how to effect the greatest benefit with the money spent. The health departments **must** develop a systematic approach.

The long-term benefits for Woodford County mean that it will be able to sustain the seven core health activities for the entire community. As the transition model is developed and implemented, it will set in place a continuous, dynamic process for all core public health activities.

Health departments who have already completed community-needs assessments have established an excellent foundation. That initial effort in which we ask, "Community, what can we do for you?" is the base on which we must build. But it is only the beginning of the process. The next move is for the public health department to take the leadership and to move out into the entire community to ensure that the seven core public activities are carried out.

Ms. Acker concludes:

As a public health director in a county now under Medicaid-managed care, I wish I had had

the opportunity to assess and plan my department's transition. I would have tried to better prepare my staff for the radical change in our agency. A transition plan to bridge from almost total direct clinical to population-focused community-based activities would have made the last six months so much easier.

To those counties not yet in Medicaid-managed care, I urge you to begin a transition process before Medicaid-managed care arrives.

This "transition model" is a wonderful opportunity for health departments to plan ahead before Medicaid-managed care is implemented. Three months of planning and development have gone into this suggested process. Our systematic approach can reduce stress level and save departments a whole lot of time.

Again this is a great opportunity that will benefit all of us. This process will make available to the DPH the status of Core Public Health Activities in each community. The Department will have assurance that public health is being addressed in all 120 counties of our state. It is vital that health departments continue to make themselves valuable to Kentucky. This process holds many exciting possibilities for us.

"We've never done this before, but we're trying, and we believe it is working and will work for you too."

ACH Anecdotes

SIDS (Sudden Infant Death Syndrome): Surveys across the

nation indicate that many healthcare providers are not aware of recent SIDS research and efforts to reduce the infant mortality rate. It is important as healthcare providers that we furnish the SIDS information (see below) with all prospective parents, parents of infants, and other individuals that are providing child care for infants.

Remember to make new employees aware of SIDS risk reduction information and include it in the policies and procedures for your infant healthcare providers. You may also want your staff to be familiar with some of the nationwide infant mortality risk reduction/awareness efforts, for example: the American Academy of Pediatrics 'Back to Sleep' positioning effort; the Consumer Product Safety Commission firm bedding alert; and the National Center for Health 'No Smoking' campaign for pregnant women and care givers of young children.

Due to the increased number of autopsies and the identification and reduction of risk factors, the number of deaths attributed to SIDS in Kentucky decreased by 65.7% from 1989 to 1997 (from 99 deaths in 1989 to 34 deaths in 1996). SIDS deaths occur to apparently healthy babies, without warning, and can happen while a child is in your care! **Nationwide, 14-15% of all SIDS deaths occur in child care.** *Since January of 1998, there have been 3 SIDS deaths in a Kentucky licensed or certified facility.* Other deaths have occurred while grandparents, relatives, and friends cared for infants. Be

aware and informed about SIDS risk reduction.

SHARE THIS INFO!

Sudden Infant Death

Syndrom, also called *crib death* or *SIDS*, is the *sudden death of an apparently healthy infant under one year of age. The death remains unexplained after autopsy, examination of the scene of death, and review of the case history.*

- ✓ *SIDS is the number one cause of death among infants between the ages of one week and one year.* 6,000 to 7,000 infants die of SIDS every year in the United States (about 2 per 1,000 live births). In 1996, 34 Kentucky babies died of SIDS. It is Kentucky's 4th leading cause of death for infants under age one.
- ✓ SIDS occurs very rapidly and silently, usually during periods of sleep. SIDS infants do not suffer.
- ✓ SIDS occurs in families at all socioeconomic levels throughout the world. Cases of SIDS have been reported throughout history.
- ✓ SIDS is not caused by suffocation, aspiration, regurgitation, or immunizations. SIDS is not contagious or hereditary.
- ✓ SIDS cannot be predicted or prevented – but risk can be decreased.

What Causes SIDS? While there are still no adequate medical explanations for SIDS deaths, current theories include: 1) stress in a normal baby, caused by infection or other factors; 2) a birth defect; 3) failure to develop; and/or 4) a

critical period when all babies are especially vulnerable, such as a time of rapid growth. Many new studies have been launched to learn how and why SIDS occurs. Scientists are exploring the development and function of the nervous system, the brain, the heart, breathing and sleep patterns, biochemical balances, autopsy findings, and environmental factors. It is likely that SIDS has more than one explanation and more than one means of prevention.

Can SIDS Be Prevented? ***NO***, SIDS cannot yet be prevented.

Can the Risk of SIDS be Reduced? ***YES***, recent studies have begun to isolate several factors that increase the risk of SIDS. *Sleeping on his stomach, exposure to cigarette smoke, soft bedding, and overheating all increase an infant's risk of SIDS.*

How to reduce the risk of SIDS:

♥ **Place babies on their backs to sleep through 12 months of age.** *The American Academy of Pediatrics recommends healthy, full term infants sleep on their backs or sides to reduce the risk for SIDS.* Sleep position is considered to be most important during the first 6 months of age, when the risk of SIDS is greatest. Older babies will turn and select their own position. *The recommended back and side positioning does not apply to certain infants who have breathing problems or spit up excessively after feeding.* Ask what the baby's doctor has recommended.

♥ **No smoking allowed.** A recent survey by the National Center for Health Statistics shows that babies exposed to

smoke after birth were twice as likely to die from SIDS. Exposure during and after pregnancy triples a baby's risk for SIDS.

♥ **Use firm bedding.** Use a firm, flat mattress in a safety approved crib. Infants are exposed to product safety hazards when sleeping on beanbag cushions, sheepskins, foam pads, foam sofa cushions, synthetic filled adult pillows, and foam pads covered with comforters. Waterbeds should also be avoided.

♥ **Avoid overheating, especially if a baby is ill.** Research indicates that overheating – too much clothing, too heavy bedding, and too warm a room – may greatly increase the risk of SIDS for a baby with a cold or infection.

Other Documented Risk Factors:

Breast-fed babies are *less likely* to die of SIDS. SIDS occurs more often in cold weather. The younger the mother, the greater the risk of SIDS. SIDS occurs most frequently in infants 2-4 months old; nearly 90% of the babies who die are under 6 months of age. Males are at higher risk than female infants. Premature and low-birth weight infants, black infants, twins, and triplets are at higher risk.

For more information or assistance, call Linda Fritz-Hornsby at 502-564-3236 or the SIDS Network of Kentucky, Inc. at 1-800-928-SIDS.

- *submitted by Linda Fritz-Hornsby, RN, BSN, Division of Adult and Child Health*

ORAL HEALTH EDUCATION OPPORTUNITIES:

The recent changes in funding allow local health departments greater flexibility in spending their allocations. Several counties have expressed an interest in using cost center 799 dollars to start or expand oral health education efforts. Health departments also may use these dollars for other oral health activities such as fluoride mouthrinse, sealants, or dental treatment programs.

There are several things already in place across the state. Two examples are activities in the Hopkins County Health Department and the Barren River District Health Department. Both have classroom based health education programs. These were developed and are implemented by dental hygienists who are part time employees at the health departments. Nurses, health educators and other health department staff can use the programs. For specifics contact Fredia Johnson at Hopkins County (502) 821-5242 (Thursdays) and Dawn McGlasson at Barren River District (502) 781-8039.

Our office has a curriculum, The Kentucky Smile Guide, which is being used in classrooms. This is designed for children up through 6th grade. We are in the process of evaluating its effectiveness and possibly revising it. Copies are

available from our office. Contact us at (502) 564-3246.

Health departments recently received information from the Kentucky Dental Health Coalition about mini-grant funding opportunities for oral health projects. This could provide up to \$1,000 for activities. The Oral Health Program is a member of the coalition and we encourage you to apply for a grant. Jay Hopkins will be glad to provide technical assistance on proposals.

The Oral Health Program is also developing a statewide speakers bureau in collaboration with the Kentucky Dental Health Coalition. Our goal is to have dentists, hygienists and other health professionals available to speak to different groups in the community. This is in the formative stages. If you know of potential speakers or groups who would be interested in presentations, contact Jay Hopkins at (502) 564-3246.

- *submitted by Jay Hopkins, Division of Adult and Child Health*

Central Office Comments

WHAT IS MARS?

The Management Administrative and Reporting System is an enterprise-wide financial system under design that will support state government's administrative processes. When it's complete, MARS will support both the state's financial and materials management processes and

replace a number of legacy systems including STARS and KAPS.

The Administrative Services team for EMPOWER Kentucky is driving MARS development. The specific changes in the state's financial services were the work of the Financial Management team, which began its duties to act on recommendations that came out of EMPOWER's first phase in March 1997. That team consisted of a full-time staff of five and 12 part-time members who represent 14 state agencies.

The team's mission was *"to develop an integrated financial management process that effectively and efficiently manages the resources of the Commonwealth to enhance the accountability and integrity of the use of public funds."*

The team's scope for process improvement included:

- Planning and Budget
- Management Reporting and Decision Support
- Disbursements and General Accounting
- Intra-governmental Transactions
- Accounts Receivable and Cash Flow Management

A question team members frequently hear is, "How will these changes affect me and my agency?" As many of you are aware, operating in our current environment with a legacy system such as STARS creates multiple paper trails, relies on historical budget development, and uses inadequate technology. It also creates a strain on both

employees who deal with the system and the quality of the state's financial management. A new enterprise-wide, client/server system, along with the redesigned processes, will result in automated trails and quick access to real-time data for reporting and management purposes.

In addition, the new processes will mean changes in how work is distributed and the skills employees will need. We are working on documenting these skills and will make sure you have the information that you need to make the transition. MARS will reach every branch and agency of Kentucky government and will incorporate process re-engineering, reusable software solutions, change management and advanced technologies such as workflow management, Internet technology, and data warehousing and electronic commerce capabilities. For example, Web technology will be used to provide vendors operating in Kentucky with increased access to bid information via the Internet, while data warehousing will provide government managers with comprehensive management reporting capabilities.

The estimated implementation date is July 1, 1999. The Department for Public Health's representative on the MARS project is Sandy Williams. For additional information about the Administrative Services Project, including MARS, please visit the web site at <http://adm.state.ky.us>.

Lab Lines

Dr. Maxson Scholarship Fund:

The Association of Public Health Laboratories (APHL) has established a scholarship fund in Dr. Maxson's name. This scholarship will provide support for the training needs of public health laboratorians. Dr. Maxson served on the training and education committee of the association from 1993-1998. Recently he was elected to the APHL Board of Directors.

As a member of the training committee, Dr. Maxson was concerned with meeting the training and continuing educational needs of the public health laboratory community and worked tirelessly to ensure that affordable quality training was available in the U.S. Specifically, he advised the staff of the National Laboratory Training Network and actively participated in their focused efforts to identify and respond rapidly and appropriately to critical laboratory training needs. Further, he represented APHL as a liaison to the Emerging Infectious Disease Fellowship Program, which he helped foster. In the past three years, that program has placed 68 master's and doctoral level individuals in fellowship positions at Centers for Disease Control and Prevention (CDC) laboratories and public health laboratories across the U.S. for a period of 1-2 years.

Dr. Maxson maintained certification as a Clinical Laboratory Director with the American Board of Bioanalysis. He served as the Director of the Kentucky Public Health

Laboratory for the past eleven years. Prior to that time, he served 15 years in the Tennessee Public Health Laboratory. First as a bench level Microbiologist, then Associate Director of the Microbiology Laboratories, and finally as Director of the Environmental Laboratories. He received his undergraduate and graduate degrees in Biology from Bucknell University (PA.), and went on to earn his Masters and Doctorate of Public Health Degrees from the University of North Carolina School of Public Health. A lifelong learner, he participated in numerous continuing education activities and professional organizations. **Contributions may be made to the Dr. Thomas Maxson Scholarship Fund, c/o APHL, 1211 Connecticut Avenue, N.W., Suite 608, Washington, DC 20036.**

- *submitted by Donna Clinkenbeard, Division of Laboratory Services*

PHPS Passages

Medical Training Set for Lexington September 15-16: The Kentucky Chemical Stockpile Emergency Preparedness Program (CSEPP) and the Kentucky Department for Public Health are offering training for medical professionals in September.

The course, "Toxic Chemical Training for Medical Support Personnel," will be offered September 15-16 at the Holiday Inn South at Exit 104 on I-75 in Lexington. Instructors are recognized experts in the

medical management of chemical warfare agent casualties. They represent Science Applications International Corporation.

On Sept. 15, a one-day "pre-hospital providers" course will be offered for registered nurses, emergency medical technicians, paramedics and registered sanitarians. The course will be repeated for that audience on Sept. 16. Lasting 8 a.m.-5 p.m., the course will cover triage, treatment, medical management, decontamination operations, personal protective equipment, public health topics, a tabletop exercise and hands-on training. This course has been designated a pilot program by the Department for Public Health and is required before EMTs can administer nerve agent antidotes.

Also on Sept. 15, from 6-9 p.m., the course will be offered for physicians. It will cover the same topics as the pre-hospital offering but the exercise and hands-on training will be omitted.

Physicians will receive two hours of continuing medical education (CME) credit and RNs, EMTs and registered sanitarians will receive eight hours of continuing education (CEU) credit. There is no cost to the participants.

Due to limited class space, early registration is encouraged. To register, or for more information, contact Gary Kupchinsky, KY Department for Public Health, at (502) 564-7398.

- *submitted by Gary Kupchinsky, Division of*

Public Health Protection & Safety

Government Report Questions Safety of Imported Foods:

The safety of the nation's food supply could be at risk because of "unreliable" inspection of imported foods such as fruits and vegetables, according to a report from the General Accounting Office.

Difficulties in ensuring that imported food is safe, combined with the increasing volume of imports that Americans eat each year, add to the risks of food-borne illness, the GAO report said. Food-borne pathogens have been linked to between 33 million and 81 million cases of illness each year and as many as 9,100 deaths.

"As the American public consumes more and more foods from other countries, the challenge of ensuring the safety of these foods is growing," said Robert E. Robertson, GAO associate director of food and agriculture issues, in testimony before a Senate committee in May. "We believe that it is vitally important that the nation's efforts to ensure the safety of imported foods be improved."

GAO investigators examined the inspection processes of the Food and Drug Administration and the U.S. Department of Agriculture, labeling federal efforts to regulate imported foods as "inconsistent and unreliable." The investigators were particularly critical of FDA inspections, citing statistics that the agency inspected less than 2 percent of the 2.7 million shipments of

<p>produce and seafood under its jurisdiction last year.</p> <p>Of all the food consumed in the United States each year, the percentage that is imported continues to grow. Between 1980 and 1995, the share of fruit that was imported rose from 24 percent to 33 percent, while the share of imported seafood rose from 45 percent to 55 percent, the GAO report said.</p> <p>In the meantime, incidents of food-borne illness associated with imports continue to be documented. In 1996 and 1997, thousands nationwide were sickened by Cyclospora-contaminated imported raspberries, and in 1997, imported strawberries were implicated in about 300 cases of hepatitis A.</p> <p>The GAO report, requested by Sen. Susan Collins (R-Maine), was embraced by the White House as fueling the Safety of Imported Food Act, which President Clinton proposed last year. Democrats introduced the legislation in Congress this year. It has no Republican sponsors.</p> <p>The act calls for expanding the scope of FDA authority similar to that of the U.S. Department of Agriculture. USDA allows meat, poultry and egg products to be imported only from countries whose food safety standards are equivalent to U.S. standards. The FDA, by contrast, simply inspects some shipments of fruits, vegetables and seafood as they arrive at U.S. ports.</p> <p>Though not endorsing the legislation, the GAO report</p>	<p>advocated equity for FDA, saying it would allow the agency to “leverage its resources” and “provide greater assurance that the imported foods it is responsible for are safe.” APHA supports such equity for FDA.</p> <p>President Clinton called on Congress to enact the legislation in light of the GAO report, which White House spokesman Mike McCurry labeled a “good study, confirming the wisdom” of the administration’s efforts.</p> <p>- <i>reprinted with permission, from the American Public Health Association’s publication entitled “The Nation’s Health”</i></p> <p>Kentucky’s New Food Safety Training Video: This is to announce one of a series of Statewide Food Safety Training workshops beginning August 6-7, 1998. The workshops will <u>target the local health department food inspectors across the state of Kentucky</u>. This training will be offered by members of the Food Safety Branch Staff, utilizing Kentucky’s new Food Safety Training Video (“Inspecting for Food Safety”), Work Manual, and Instructor Guide. This material was developed by the Food Safety Branch and funded by the Food and Drug Administration. The training is to be duplicated across the entire state until all local health department food inspectors are afforded the training. The instructor’s guide and participant manual will be utilized by the trainee <u>for taking notes</u> during each segment of the video and <u>performing brief</u></p>	<p><u>tasks</u> during stops between segments of the video. It promises to be an excellent learning tool for inspectors and industry alike.</p> <p>Contact hours toward the required continuing education units for Registered Sanitarians will be awarded to Kentucky Registered Sanitarians who complete this workshop.</p> <p>A copy of the new training package will be given to each local health department for use in training retail food industry owners, managers and workers. Additional copies of the package will be available for purchase at a nominal charge to be announced at a later date.</p> <p>The purpose of this training package is to promote education and training of all food inspectors and then concentrate on training the food industry’s workers, which is in keeping with <u>the President’s Food Safety Initiative</u>. With the guide manual provided, an environmentalist will be able to offer training to the food industry, and local civic groups or consumers in general. The ultimate goal is to make the nation’s food supply safer.</p> <p>Training workshops are to be scheduled in “regional” locations to minimize travel and time and to allow for flexibility of attendance for those who might not be able to attend a particular workshop.</p> <p>When all food inspectors have been trained, it is planned to commence training Retail Food Establishment owners, managers, and operators, with emphasis on those who are not</p>
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holders of a valid mandatory *Food Managers' Certification Program*. Food workers in general will also be invited and encouraged to receive training.

The content of the training video is taken from the 1997 FDA Food Code, which is considered by regulatory, industry and the scientific/academia communities to be the best available information for providing food safety surveillance and enforcement guidelines today.

If there are questions concerning the above, please contact Mr. Guy Delius at (502) 564-7181.

- *submitted by Guy Delius, Division of Public Health Protection & Safety*

Protecting the Food Supply at the 1998 Kentucky State Fair:

The State Department for Public Health's Food Safety Branch will be coordinating food safety surveillance activities for all food concessions during the annual State Fair from August 20 – 30, 1998. Each year the state's Food Branch recruits health inspectors from the state's local health departments to provide assistance to the Louisville – Jefferson County Health Department with inspections of the approximately 200 food concessions at the State Fair Grounds and Exposition Center in Louisville, KY. Some inspectors from the FDA's Cincinnati, Ohio District Office are also recruited to assist with inspection duties. The inspectors will inspect and issue permits to operate to all

the food concessionaires that operate during the fair. Reports of foodborne illness and consumer complaints will be promptly investigated and dealt with. In addition, general sanitation conditions will be monitored during the entire fair.

The food Safety Inspection Team is dispatched each year to help assure the safety of an estimated 700,000 people who visit do not suffer illness from the foods served.

The Food Safety Team members may be recognized by the white caps that they wear and may be found in the "Food Inspector's Office" located just off the central Midway area.

In an effort to promote food safety to children and their parents, this year the Food Safety Branch will be presenting an exhibit featuring **FIGHT BAC**, the bacteria character fostered by the United States Food & Drug Administration and the Food Safety Inspection Service. The exhibit will offer a game for children that will consist of a poster-sized picture of "BAC" with sticky balls for children to throw at the ugly character. Each "winner" will be awarded a surprise "SECRET WEAPON" packet containing **BAC** literature and a bar of soap, plus a personalized "promise to wash hands" certificate and a twelve inch ruler with the FIGHT BAC message printed on it. Coloring books, which depict cartoons with Food Safety advice, will also be available as handouts to children.

- *submitted by Guy Delius, Division of Public Health Protection & Safety*

Milk Safety Branch:

The Milk Safety Branch will again be participating in the Dairy Section at the Kentucky State Fair. Those exhibitors who show their dairy cows at the fair and offer the milk for sale must register with this Branch. Personal milking equipment is checked by our personnel, all milk is sampled for drug residue screening, and members of the Milk Safety Branch staff monitor the entire milking operation.

The Milk Safety Branch will provide a display in the South Wing at the Kentucky State Fair. We plan to have a full sized fiberglass cow which we will "actually be milking". A video will be displayed at our booth depicting milk and dairy products processes from the farm to the consumer. Safety and quality procedures are highlighted. Our personnel will be handing out various items donated by several dairy processors throughout the state. We would like to invite everyone to come by the milk parlor located in the West Wing where the milking operation may be viewed from August 19th through August 24th. Please visit our display in the South Wing that will be open throughout the entire Fair.

- *submitted by Morris Strevels, Division of Public Health Protection & Safety*

Radon Bulletin:

The staff of the Kentucky radon program has had to deal with two hot spots in the state recently. Northern Kentucky

has had a problem with one subdivision in Boone County. Several homes had confirmed readings in the 20-30 Ci/L range and I received a report of one with a reading of 125 Ci/L. Laura Strevels and I met with the homeowners in an open forum in the fall of 1997. As a result of this forum, the houses that tested high were mitigated and the contractor used radon-resistant construction on new houses.

Western Kentucky University has tested all the dorms and office buildings at the college and found several rooms with elevated radon levels. They have also conducted a Mitigation Course and corrected two of the worst rooms. Continuous monitors have reflected the unpredictable effects of Karst geology on the readings, even in those buildings that have been corrected.

An earlier article in the Bulletin featured the Jimmy Carter Habitat for Humanity Project in eastern Kentucky. Natalie Allen of Jefferson County produced a video showing the installation of a radon system in those homes. Natalie's video was shown at the Region 4 meeting this past summer and at the 7th National Radon Meeting last November, in Cincinnati, Ohio. It was a HUGE success. Copies have been distributed to four states and a number of EPA trainers.

The Kentucky program is in the process of building a dollhouse that will show how a mitigation system works. A follow-up report will be made when it has been completed. The Lincoln

Trail District, Glasgow, KY, is considering a similar house.

During the past quarter, state and local programs mailed over 1500 pieces of literature and 350 packets. Various programs made over 750 phone calls.

- *submitted by Doug Jackson, Division of Public Health Protection & Safety*

Staff Spotlight

“You Can Make a Difference”: Testimony from a Grateful Patient

At the Lake Cumberland District Health Department booth set up at South KY RECC Annual Meeting, a woman tentatively approached our table and asked if she could talk to me! She stated she didn't think she would be able to talk without crying. “The Health Department saved my life,” she said.

Through our services she learned she had high blood pressure and her blood sugar was elevated. Her doctor diagnosed her with diabetes and she began treatment. Some time later, she came to the health department for her annual exam and received a bad Pap and ultimately had a hysterectomy. Tearfully, she stated she had the highest regard for the Health Department.

I did not ask her name, but did ask if I could share her story. I wish everyone could have experienced it first-hand.

That evening (in two hours time frame) Betty Jo Tomlinson took 66 blood pressures. Gina Sears and I counted 306 people who visited our booth.

So the next time you're asked, “Does what you do make a difference?” you can say, “**You bet it does!**”

_ written by Nina Wilhelm, submitted by Pam Godby, Lake Cumberland District Health Department

Taking Their Best Shot: Agencies offer free immunizations to families

“Somerset won't wait to vaccinate.”

That's the theme of an immunization health fair being planned by several local agencies as students head back to school.

Immunizations were provided at Northern and Southern middle schools from noon to 8 p.m. on July 31 and August 7.

“We provided these immunizations in conjunction with the hospital, Pulaski County Health Department, the school systems and the Somerset Kiwanis Club to ensure that the children in our community are immunized appropriately against deadly childhood diseases such as tetanus, diphtheria, measles, polio and hepatitis B,” said Diane Kiser, health ministries coordinator, Lake Cumberland Regional Hospital.

<p>The campaign is focusing on reaching under-immunized children and will provide immunizations to the entire family at no cost.</p> <p>She also notes that immunizations should begin at birth, and the initial series of vaccinations completed by age 2, which should stem the occurrence of infections at school, church and day-care centers. Young people are especially susceptible to disease because their bodies have not built up the necessary defenses to fight infections, officials note. A 1995 report by the National Immunization Survey notes that only 76 percent of all 2-year-olds in the nation received a basic vaccination series of four doses of DTP, three doses of polio vaccine and two doses of MMR.</p> <p>State law also requires first-time students to have the Hib, Hep B, DTP and OPV series of vaccines, as well as two MMR doses. Children entering the sixth grade are required to have a second MMR if they have not already done so, and all persons should have a Tetanus/diphtheria (Td) injection every 10 years.</p> <p>“The teens are often caught by surprise when they are not allowed to pick up their schedules or enter classes due to an outdated immunization record. They need to have a repeat Td injection between the ages of 14 and 16, ten years following their preschool immunizations,” stated Donna Turner, R.N., Lake Cumberland District Health Department.</p> <p>Those under 18 must be accompanied by a parent or</p>	<p>legal guardian and also must bring their immunization record with them.</p> <p>So they can be observed for reaction, patients must stay on the premises for 20 minutes after the injection. During the interval, games, prizes, face painting and refreshments were provided by Somerset Kiwanis Club volunteers, and LCRH Health Ministry parish nurses. Those who received an immunization also entered a drawing for a 19-inch color television and remote control. The prize, sponsored by the Kiwanis Club, was given away following the second fair day.</p> <p>“Kiwanians have always had a heart for children and a desire to see them remain healthy through encouraging infant and children immunizations with the Kiwanis International ‘All Their Shots, While They’re Tots’ program,” said Ron Toole, past president of the Kiwanis Club and Immunization Fair partner. “By joining forces with the Pulaski County Health Department and Lake Cumberland Regional Hospital Health Ministries, this is an excellent example of what community partnerships can do to accomplish the goal of preventing disease and promoting health in Pulaski County.”</p> <p>For more information about the health fair, contact Kiser, 679-3245; or Turner, 679-4416.</p> <p>- <i>submitted by Pam Godby, Lake Cumberland District Health Department</i></p> <p>New Public Health Director Named for Northern Kentucky:</p>	<p>George Graham, Ph.D. of Flagstaff, Arizona has been selected by the Search Committee of the Northern Kentucky District Health Executive Board as the new Public Health Director for the Northern Kentucky Independent District Health Department (NKIDHD). He began on August 3, 1998.</p> <p>“Dr. Graham was selected through a rigorous screening and selection process that involved the review of nearly forty applicants,” said Mary Ann Barnes, M.D., Chair of the District Board. “Dr. Graham has more than 30 years of experience in varied senior executive positions which includes positions with local public health, acute care hospitals, U.S. Army and private sector managed care. We are very pleased and excited about our new Director. He has expert management and visionary skills which makes him a perfect fit for the Health Department. Most importantly, he shares a ‘passion for public health’ as does the staff of the NKIDHD.”</p> <p>Dr. Graham holds an undergraduate degree in Bacteriology from the University of Southern California, a Masters of Public Administration from California State University and a Doctorate in Political Science/Public Policy from Northern Arizona University. Among his various positions, Dr. Graham has served as Northern Regional Manager for Blue Cross/Blue Shield of Arizona, Director of Coconino County Department of Public Health in Arizona, Senior Vice President of Dallas County Hospital, and faculty</p>
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member of the University of Phoenix.

As the NKIDHD Director, Dr. Graham will continue the District's programs and services in a way that will continue the dedication to excellence and achievement of the Northern Kentucky Health Department's Mission – "Linking people with resources to promote, achieve and maintain a healthier community." The Health Department offers health services for all citizens, including child health services; women's health services; immunizations; family planning; health promotion for healthy lifestyles; communicable disease prevention, control and education; environmental health services; comprehensive school health services; and community health planning, monitoring and information.

If further information is desired, please contact Mary Ann Barnes, M.D. at 606-344-3804.

- *submitted by Peggy Patterson, Northern KY Independent District Health Department*

Training Tidbits

RTC Training Courses – FY99

The Emory University Regional Training Center, Atlanta, GA, will provide fourteen (14) course offerings during fiscal year 1999 (July 1, 1998 – June 30, 1999). The first five offerings along with registration and course content have been forwarded to District Training Contacts and LHD

Administrators. (See following article with a list of these individuals.) Any LHD employee wishing to attend these offerings should contact the appropriate individual for course content and registration forms. Course dates, locations, and titles are listed below.

Nov. 11, 1998 KY Dam Vill.
- Abnormal Pap Smears

Nov. 13, 1998 Louisville
- Adolescent Health Issues

Nov. 20, 1998 Lexington
- Orientation for New F.P. Nurses

Dec. 4, 1998 Lexington
- Common GYN Problems

Dec. 11, 1998 Bowling Gr.
- Current Reprod. Health Issues for RNs

April 23, 1999 Louisville
- Assisting Clients To Change

April 30, 1999 Lexington
- HIV/AIDS Update

May 7, 1999 Frankfort
- Linking Quality Services *

May 14, 1999 Owensboro
- Orientation for New F.P. Nurses

May 21, 1999 Lexington
- Creating An Efficient Clinic

June 4, 1999 Bowling Gr.
- Adolescent Health Issues

June 18, 1999 Morehead
- Postponing Sexual Involvement

June 24, 1999 Lexington
- Current Reproductive Health Issues for Clinicians

June 25, 1999 Lexington
- Pharmacology Update for Clinicians

*DISTANCE LEARNING
EVENT – 3-4 Downlink sites

Training Contacts, District and Single County Health Departments

In May 1998, a memo was sent to each district and single county health department requesting an update on Training Contacts for each agency. The following are the results of this request.

District Health Departments

Barren River-Donald Houchin
Buffalo Trace-Mike Flora
Cumberland Valley-Sally Thayer, RN
FIVCO-Martha Vannatter, RN
Gateway-Bobby Ratliff, Dir.
Green River-Judy Gilmore, RN
KY River-Renee Neace
Lake Cumberland-Claude Tiller
Lincoln Trail-Jane Cornell
Little Sandy-Sue Estes
North Central-Sue Hochstedler
Northern KY-Janet VanNevell
Pennyrile-JoAnn Smith
Purchase-Tina Rodgers
Three Rivers-Kathy Mefford, Dir.
WEDCO-Shari Biggins

County Health Departments

Allen-Joyce Jones, Dir.
Anderson-Garland VanZant, Dir.
Bourbon-Jim Harrill, Dir.
Boyle-David Rollins, Dir.
Bracken-Gladys Wagel, Dir.
Breathitt-Sheila Sharpe, Dir.
Bullitt-Ruby Morris, RN
Christian-Anita Simmons, Dir.
Clark-Jeanie Schureman, RN
Estill-Tim Gould
Lexington/Fayette-Susan Young
Fleming-Vicki Watson

Floyd-Carol Holbrook, Dir.
Franklin-Jenny Heady
Garrard
Greenup-Curtis Hieneman, Dir.
Hopkins-Jack Morris, Dir.
Louisville/Jefferson-Kay Heady,
RN
Jessamine-Sharon Fugate, Dir.
Johnson-Anita Cole, Dir.
Knox-Ray Canady, Dir.
Laurel-Ruth Gaines, Dir.
Lewis-Linda Stafford, Dir.
Lincoln-Diane Miller, Dir.
Madison-Jason Rousey, Jr., Dir.
Magoffin-Barbara Patrick, Dir.
Marshall-Larry Davis, Dir.
Martin-Jean Ward
Mercer
Monroe-Charlotte Turner
Montgomery-Jan Chamness,
Dir.
Muhlenberg-Jeanette Williams
Oldham-Paul Cuffe, Dir.
Pike-Paul Hopkins, Dir.
Powell-Darlene Richardson
Todd-Libby Harris
Whitley-Ray Canady, Dir.
Woodford-Deborah Acker, Dir.

Other

Lexington Planned Parenthood
- Jan Harmon, Dir.
Louisville Planned Parenthood
- Donna Morton-Scott, Dir.
Mountain Maternal Planned
Parenthood
- Teresa Scott, Dir.

Any questions regarding this
information should be directed to
Bob Hurst at 502-564-4990.

Video / Audio Tapes ALERT:

If you have any outstanding
video or audiotapes on loan for
more than three weeks, please
return them to me at the address
given in the Editor's Note.
Thank you for your cooperation.

EDITOR'S NOTE:

Please submit articles, staff
spotlight nominees, or

suggestions for the newsletter
to:

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